

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | 1 | | |
| O.I.P.E. CLASSIFIER | | 12 | 9/12 |
| FORMALITY REVIEW | MH | 920 | 10-01-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Best Available Copy

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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10/02/01